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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

1. Verify that the correct address is indicated (Please copy name(s) with any corrections or use Block 1)

09022777 750 09222003  
AUDLEY A. CIAMPORCERO JR.  
JOHNSON & JOHNSON  
ONE JOHNSON & JOHNSON PLAZA  
NEW BRUNSWICK, NJ 08933-7003

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being otherwise transmitted to the USPTO, on the date indicated below.

Elisabeth S. Licata (Signature)  
November 17, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09938364	08/24/2001	Mury N. Vyakarnam	ETH1595	1847

TITLE OF INVENTION: FOAM COMPOSITE FOR THE REPAIR OR REGENERATION OF TISSUE

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$4900 1370	\$500	\$5400 1370	11/28/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ACQUAH, SAMUEL A	1711	435-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

☐ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" indication from PTO/SB/122, Rev. 03-03 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1  
2  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ethicon, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Somerville, NJ 08876

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

☐ Advance Order - # of Copies

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01 FC:1501 1370.00 DA  
02 FC:1504 300.00 DA

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PTOL-65 (Rev. 08/03) Approved for use through 04/30/2004.

OMB 0661-0033

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